



# El Paso Roofing Assoc. Assistant Fund

## APPLICATION FOR RE-ROOFS

### 1. APPLICANT INFORMATION

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Applicant	Co-Applicant																																																
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Home Phone    Age	Home Phone    Age																																																
<b>Dependents</b> and others who live with you (not co-applicant)																																																	
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Present Address (street city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																																																
Number of Years _____ How many years do you intend on living at this address? _____	Number of Years _____																																																
If Living at Present Address for Less Than Two Years, Complete the Following																																																	
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### 2. FOR OFFICE USE ONLY DO NOT WRITE ON THIS SPACE

Date Received: _____	Date Letter Sent: _____
More Information Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Home Visit: _____
Date Application Completed: _____	Date Letter Sent: _____
<b>Disbursement Section:</b>	<b>Company</b>
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	<b>Amount Disbursed</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PRESENT HOUSING CONDITIONS**

Number of Bedrooms (please circle)    1    2    3    4    5

Other rooms in the place where you are currently living:

Kitchen     Bathroom     Living Room     Dining Room     Other (please describe) \_\_\_\_\_

In the space below, describe the condition of the house where you live. Why do you need a new or improved Roof?

What type of material is your roof made of? \_\_\_\_\_

Are there any covenants regarding roofing material on your home?     No     Yes    (If yes, attach copy)

**PROPERTY INFORMATION**

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_/month    Unpaid Balance \$ \_\_\_\_\_

Do you own land?     No     Yes    (If yes, please describe, including location) \_\_\_\_\_

Is there a mortgage on the land?     No     Yes    If Yes:    Monthly Payment \$ \_\_\_\_\_    Unpaid Balance \$ \_\_\_\_\_

If you are approved for a new Roof, how should your name(s) appear on the legal documents?

**MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income				Rent	
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				Avg. Credit Card Pmt.	
Alimony				Student Loans	
Child Support				Alimony/Child Support	
Other				Other	
<b>Total</b>	\$	\$	\$	<b>Total</b>	\$

**\*\*\*please attach copies of your tax forms from the last 2 years\*\*\***

**INSURANCE INFORMATION**

Who is your Home Insurance Provider?

Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any current or previous claims exist on this roof?  No  Yes

Date the claim was made: \_\_\_\_\_

Status of the Claim:  Open  Closed

(If Open, please attach a copy of the claim)

Claim # \_\_\_\_\_

Reason for claim:

\_\_\_\_\_

Are there any Liens attached to your property?  No  Yes

Are you able to contribute any funding to this project?  No  Yes

If Yes, how much? \$ \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I understand this project only includes place of residency and all attached structures; excluding detached structures. I understand that by filing this application, I am authorizing EPRAAF to evaluate my actual need for a roof replacement or repair. I understand that the evaluation will include personal visits, and retirement verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a roof replacement or repair, I may be disqualified from the program. The original or a copy of this application will be retained by EPRAAF even if the application is not approved.

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Co-applicant Signature Date

**CONFIDENTIALITY AGREEMENT:**

The 'Agreement' dated \_\_\_\_\_

BETWEEN:

El Paso Roofing Assoc. Assistance Fund  
Colorado Springs, CO

*(The Donator)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

- and -

*(The Recipient(s))*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

The Donators agree in protecting the privacy of the Recipient (s) and the confidentiality of the information contained in this document. Any use of the information outside of the purposes of this project is strictly prohibited.